

NEW CASTLE COUNTY HOUSING AUTHORITY

Housing Choice Voucher Program

LANDLORD APPLICATION

Address of Renta	al Unit:	# (of Bedrooms
(If you have multiple units, please attach a separate sheet with the address for each, as well as: the number of bedrooms, current HCV occupancy status, and accessibility info for each.)			
• •	currently already occupied by a Vouch Understanding on the next page.	er holder, please al	so complete the
Are the units equ	uipped with handicap features?	YES	NO
If yes, please list	the handicap features:		
	nce Payment Recipient:		
=	s: Same (or)		
	or Tax ID#: Must be the SSN or Tax ID number of person/entity named above as HAP recipient.)		
(Musi be the SSN or Tax 1D number of personvel	niiiy namea above as H	AP recipieni.)
Primary Contact	t Information for Owner/Agent/Land	<u>lord:</u>	
Primary Contact I	Name (if different from above):		
Street:			
	State:		
	Alt. #:		
Cell #:	Fax	#:	
Email Address (*required*):		
Vendor type (cir	ccle one): Self Corporation	Partnership	Proprietorship
MUST PROVID	E THE FOLLOWING DOCUMENT	TATION WITH TH	IIS APPLICATION:
	Deed or Ownership Papers 2.		completed and signed
	posit / ACH Authorization Form (requindum of Understanding: LL Transfer" (
4. Memorai	indum of Onderstanding. LL Transfer (on reverse side, use	п аррпсавіе)
(*) Signature of C	Owner or Agent	Date	
* If listed contact	info is for an Agent/PM, please list uni	t owner's name and	address.
Send 1099 to:	Name		
	Street		
	CityS	tateZip	

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Memorandum of Understanding: Landlord Transfer

Date:	
New Castle County Housing Authorit Attn: Erin Coleman 77 Read's Way New Castle, DE 19720	y
I(current owner)	have purchased the property located at
	from
	from (previous owner)
This transfer in ownership was effecti	ve on
that I am not a "prohibited relative" (p Voucher-holding tenant.	conditions of the existing HAP contract agreement. I also certify parent, child, grandparent, grandchild, sister or brother) of the Landlord application, completed W-9 and a copy of the at showing the transfer of title.
	nce Payment (HAP) will be "on hold" until these documents are astle County Housing Choice Voucher office. Once processed, the
Landlord Name:	
Address:	
Phone:	
Signed:	
Signature of Landlord	Date